1. PLACE OF DEATH	CERTIFICATE OF BEATH
County merset.	9/5-
, , ,	Registration Dist. No. 460
Village or City Cusfuld	No St.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred / 9 yrsmos	
2. FULL NAME Harold Handy Bet	hard
(a) Residence: No. Chesafuh au	St, Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH
I'll I singly	(Mynth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	A
(or) WIFE of not manual	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 2 3- 1914	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, almost Rus
19 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trado profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	accidental
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occurration (month and	A
SAW MILL, BANK, etc	Drowing
O TO. Date deceased last worked at this occupation (month and year) spent in this occupation.	7.0.0
D is 1:11	Other Contributory Causes of Importance.
12. BIRTHPLACE (city or town) (State or country)	No. T
The state of the s	Yaccy
E Clock t	
4 14. BIRTHPLACE (city or town) 3 Column (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
± Danage dan	23. If death was due to external causes (VIDL ENCE) fill in also the villowing:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Clyde Bethrad	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Curful Ford	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of Tripe of weld provided
Place Cusfield Com. Date Ctug 2 , 19 3 2	
ohy (Brodslain	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Carbiel (Address)	If so, pleify
105. level -	sigled) - / Coulous M.D.
20. FILED 1931 Registrar.	(Address) for a figure of the
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. x.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1			Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	The state of the s	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	SEP 6 1932	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GEVIED	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	l = lpd
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1 PARIS I		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARTLAND—CERTIFICATE OF DEATH	1707
1. PLACE OF PEATH	01000
County Journel Registration Dist. No.	260
Village or City Princess (Cince No.	St.,Ward
(If death occurred in a horpital or institution, give its NAME instead of stree Length of residence in city or town where death occurredyrs,ds. How long in U.S. if of foreign birth?yrs,	
2. FULL NAME Mag Kole & Bounds	
(a) Residence: No. (Usual place of abode) St., Ward. (Usual place of abode) If nonresident give city or too	wn and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) What (Month) (Oay)	, 193_ 3_7_ (Year)
5a. If married, widowed, or divorced frospanies (or) WIFE of Odte J. Bounds 22. 1 HEREBY CERTIFY, That I att	tended deceased from
Dd. 10 10 10 10 10 10 10 10 10 10 10 10 10	98.2. death is said
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, et	95. 2. death is seid
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	:0
- 18. Trade profession or particular	Date of onset
kind of work done, as SPINNER, Nouse mork . Julian Lelies.	in rue
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	in the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Porcesler to Other Contributory Causes of importance:	
(State or country)	way 141
13. NAME Preston Invivoud	
13. NAME Reserved Name of operation Oat Oak	te of
(State of country) What test confirmed diagnosis? Lessured Was the	ere an autopsy?_Acc
15. MAIOEN NAME 15. MAIOEN NAME 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. Date of injury 16. Date of injury 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Maioen 17. Maioen 18. Maioen 1	oliowing:
F (Class or resorting)	, 19
(State or country) Where did injury occur? Specify city or town, county a Specify whether injury occurred in NDWSTRY, in HOME, or in PUBLICATION OF THE PUBLICATION	and State)
17. INFORMANT // CLILLES / Maller Specify whether injury occurred in Moustry, in HOME, or in PUBL (Address)	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oursel Councily Date July 28, 193 2 Nature of Injury	
19. UNDERTAKER M. That Dank Queen 24. Was disease or Injury In any way releted to occupation of decease (Address)	ed? pul
20. FILEO July 27, 1932 Survey (Signed) Les. 6. Mil	cally M. D.
If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street cars 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07978
1. PLACE OF DEATH	24)
County Someret	Registration Dist. No. 270
Village or City Cufuld (If	No. An Cwady M. Hospital of Maria death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,lmos.	
2. FULL NAME Dovid Le Croeloi	the of the same
(a) Residence: No. (Usual place of abode)	St., Ward. Mayler Sland Va
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July // 193 2 (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 0 1 HEREBY CERTIFY, That I ettended decessed from
(8) 1112 11	Janly 9, 1932, 10 July 11, 1982
6. DATE OF BIRTH (month, day, end year) Feb. 21 193/	Hast saw here elive on may // 198 2 deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 9-2,-m.
4 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8 Trade profession or perticular	acut De J Hent
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupation (month end	
11. Totel time (yeers) this occupation (month end year)	
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importence:
(State or country)	July sula neventes der 190:
13. NAME / antora D. Crockett	
13. NAME / Surford D. Croefaith 14. BIRTHPLACE (city or town) / Janqui (Stete or country)	Neme of operation
15. MAIDEN NAME Julia Crossett	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Julia Crockett 16. BIRTHPLACE (city or town) Jongin &	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Conford Il Crollett (Address) Janquis Jan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Tangen (Va Date July 14, 19.32	Nature of injury
19. UNDERTAKER John abroaston	24. Wes disease or Injury In any way releted to occupetion of deceased?
01 12 32 15 1- 00	(Signed) Surges Quellow M.D.
20. FILED 144 6 , 19 3 C D Le Clerch	(Address) massas ord

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		W==\(\lambda\)==	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

N. B.

STATE	OF	MARYI	AND-CERTIFICATE OF DE	АТН
SIAIL	OL	MAKIL	AND CENTILICATE OF DE	АПП

07980

4 PLANT OF MARIENTO	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Survey	Registration Dist. No. 75126
Village or City Ulstono	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
\mathcal{A}	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & alle finney	
(a) Residence: No. Clestono on	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mus	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Well Jumey	Saw 1 1932 to flex 30. 1932
6. DATE OF BIRTH (month, day, and year) Lave 8, 1985	I last saw h 2 alive on 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 32 m.
27 6 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or perticular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as Silk Mill., SAW MILL, BANK, etc. 10. Date deceased last worked at this coveration (month and this cov	77.00
9. Industry or business in which work was done, as SiLK Mill,	
SAW MILL, BANK, etc	
- this occupation (month and spent in this offer	
year) occupation ALL	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	P. Court Court of Importance.
(State or country)	Julmany Julianlos pul32
13. NAME I olu & miles	
13. NAME 1 de de miles 14. BIRTHPLACE (city or town) 22.	Name of operation Date of
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME Mortha Smith 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury19
X (State or country)	Where did injury occur?
17. INFORMANT Mortha miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMETION, OF REMOVAL VI	Manner of injury
Place / estate / Date 0// 1932	Nature of injury
19. UNDERTAKER TO KEED A Madshack	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
V8/1 3/10 BLO	(Signed) Living Coullins, M.D.
20. FILEO 0 195 Murella 10 . Vallet Registrar.	(Address) Maryon Mass

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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I. PLACE OF DEATH	
County Comersel	Registration Dist. No. 268
Village or City CV errora	No. St. War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Longth of residence in city or town where death occurredyrs	mos. ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Boby Horner	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 22 193 7-
If married, widowed, or divorced	(Month) (Day) (Yaar)
. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. 148' 'cceesed' fro
1 1 2	2 July 18 , 1982, to Justy 32, 1934
DATE OF BIRTH (month, day, and year) AGE Years Months Devs I It LESS than	t last saw h alive on feety 122/1,1937; death is sa
AGE Years Months Deys If LESS than 1 dey,1	
8. Trade, profession, or particular	were as follows: Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	an diveloped orlately
9 Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date decesed last worked at this occupation (month and spentin this spentin this	
yeer) occupetion	Other Contributory Causes of Importence:
BIRTHPLACE (city or town) IV Langua (State or country)	Inabelly to mark
13. NAME ON A ! I - HAMME!	-
and the state of the	7
14. BIRTHPLACE (city or town) Atom Ashand Mile (State or country)	Name of operation Date of
15. MAIDEN NAME A PARTIE AND ALLE	What test confirmed diegnosis? Was there an autopsy? 23, If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Wengna Md	Accident, sulcide, or homicida?
(State or country)	Where did Injury occur?
INFORMANT agms Horner (Address) Wenner	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Weron a Date July 23 , 193	- Nature of Injury
UNDERTAKER Lessis G. Webeli (Address) Death Island, Me	24. Was disease er Injury In eny way related to occupetion of deceased?
FILED July 23, 1932 Rova Welster Registrat.	(Signed) Soft Swarforger M. (Address) Co. L. Dronker

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.		5	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	07982
OINTE OI	MANIEAND CENTILICATE OF DEATH	4 4 1 1 3 4

1. PLACE OF DEATH	CERTIFICATE OF BEATTI 97502
County Somewhat	Registration Dist. No.
Village or City	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth? yrs. mos. ds
2. FULL NAME Saul Janes Facor (a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
2. SEX Wale COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the work) Warrus	21. DATE OF DEATH July 284 1932
5a. If married, widowed, or divarced HUSBAND of (or) WIFE of Tillie Lawrence	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h
8 Trade protession or particular	Pate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation month and spent in this 20 11. Total time (years) 1 spent in this 20 21 22 23 24 25 26 27 27 28 29 20 20 20 20 20 20 20 20 20	Exhaustry Heart.
12. BIRTHPLACE (city or town) Orice M. (State or country)	Other Coutributory Causes of Importance:
13. NAME William B. Lawrence 14. BIRTHPLACE (city or town). Quine Conf.	Name of operation
(State or country)	Name of operation Oate of What test confirmed diegnosis? Was there en eutopsy?
15. MAIOEN NAME Accesie R Hopkins, 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT withing of amelical (Address) 18. BURIAL CREMATION, OR BEMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Chore 1st Date 1949, 1932	Nature of Injury
20. FILED July 39 19.32 mons & Bank	If so, specify (Signed) M. D.
Registrar.	(Address) Orisle on

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and relation of importance were as follows:	ted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURE	AU V. H.		
Other contributory causes of importan	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER STATEMEN	rs by physician
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V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	0795
1. PLACE OF DEATH	f,	<u>(131)</u>	
County Your Village or City Cres	liced P.D.	No. St., f death occurred in a hospital or institution, give its NAME instead of street	War
2. FULL NAME (a) Residence: No.	eath occurred yrs mo	s. ds. How long in U.S. if of foreign birth? yrs. yrs. SIRIT. Ward. If nooresident give city or town	mosds
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	н
mele Ishile	5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH July 26 7	, 193 2 (Year)
5a. If married, widowed, or divorced Jacce (or) WIFE of	Bre,	22. I HEREBY CERTIFY, That I attended to the second	dad decaased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10100 m.	; death is said
8. Trada, profession, or particular	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oata of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	Farmer,	Chronic replantis	
SAW MILL, BANK, etc Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation		1931
12. BIRTHPLACE (city or town) (State or country)	- J.	Other Contributory Causes of Importance:	rely
a 13. NAME Survey Got	Le,		26-
14. BIRTHPLACE (city or to 1) (Stata or country)	A.J.	Nama of operation	
15. MAIOEN NAME Jabilha	Mot Ruoron	23. If daath was dua to external causes (VIDL ENCE) fill in also the follo	
16. BIRTHPLACE (city or town)	AT)	Accident, suicide, or homicida? Date of injury Where did injury occur? (Specify city or town, county and	
17. INFORMANT Mas Man Made (Address)	e Sales Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place assure Engles	Date July , 28, 193.2	Manner of injury	
19. UNDERTAKER A. D. L.	Lied Mil	24. Was disease or injury in any way related to occupation of deceased If so, specify	no
20. FILED guly 27,9 32	be halling	(Signed) 6 6 Wells (Address) Sprinkield	7. M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 VED	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritiss	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLA	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.0
County Somerset	Registration Dist. No. 26 3
Village or City Det. Perseer	No. St., W
Langth of residence In city or town whera daath occurred 2-3-yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0-	
2. FULL NAME Mary A. III	aser
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI	
Fernala While OR DIVORCED (write	
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Geo. B. Mase	1 HEREBY CERTIFY, That I attended daceased
6. DATE OF BIRTH (month, day, and year) May 9 18	Say Hast saw h. C. T. alive on Jac & G. C. 1932: death is
	ESS than to have occurred on the date stated above, at 2
60 0. 7 1day,	The PRINCIPAL CAUSE OF DEATH and related causes of importanca
8 Trade profession or particular	min. were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	as celled Hesseerlege Gf
9, Industry or business in which work was dona, as SILK MILL	
SAW MILL, BANK, etc.	NO
10. Date deceased last worked at this occupation (month and year)	3)
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Ceo Junalcone aslend
(State or country) Jenues CO. 2	all felesei
13. NAME James Legett	
(State or country)	Neme of operation Date of Date of
(State of country)	What test confirmed diagnosis? Character Was there en autopsy?
15. MAIDEN NAME Engile Lies	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16 BIRTHPLACE (city or town)	e . Accident, suicide, or homicida? Data of injury
(State or country)	Where did injury occur?
17. INFORMANT Island Man	Specify whethar injury occurred in IMOUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	o ned.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place MA de lergeasq Date Jan Date	19 3-Z Nature of injury
19. UNDERTAKER RULE I RULE	24. Wes disease or injury in eny way related to occupation of deceased?
(Addrass) Archive fitte	If so, specify
20. FILED, 200 / 18, 193 7 Stort Kay Out	(Signed) They of Muller
	(egistrar. (Addrass) / Market Control

67001

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
			1

V. S. No. 1

1.	PLACE OF D	EATH			(131)	985		
County Somerset					Registration Dist. No. 262			
		Pacomake	City deeth occurred	(16 46_yrs,mos	ND. R. F. D. #1 St., f death occurred in a hospital or institution, give its NAME instead of street and not institution. ds. How iong in U.S. if of foreign birth?	Ward umber)		
2.		Francis E		Matthews	St. Ward.			
politicana			(Usual place		If nonresident give city or town and S	State		
3. SI		AND STATIST			MEDICAL CERTIFICATE OF DEATH			
Ma	le	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 31st., (Month) (Oay)	193 2 (Yeer)		
5a, 1	f married, widowed, o HUSBAND of (or) WiFE of Sa	rah H.Mat	thews		22. HEREBY CERTIFY, That I attended d July 29th ,1932 ,to July 31st,			
6. D	ATE OF BIRTH (mont	h, day, end yeer) AD	ril 15tl	1.1861.	i lest saw h. in- elive on July Alst, 19.32			
7. A		Months	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, at Q = QQP_m.			
	71 8. Trede, profession,	3	16	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
0	SAW MILL, B/ 10. Date decessed last this occupetion year) BIRTHPLACE (city or	e, as SILK MILL, ANK, etc. st worked at n (month and 193)	SSSA.	ime (yeers) nt in this upetion 50	Other Contributory Conses of Importance: Cardio-vascular-ronal-socoros			
E L	(State or country) 13. NAME Fre	ancis Matt	DeLawa thews	re.	-	(-?-)		
FATHER	14. BIRTHPLACE (city (Stete or coun	or town)_Qdes.stry)	sa Delawa	re	Name of operation Oate of Whet test confirmed diegnosis? Wes there en au	itopsy?		
EL	15. MAIOEN NAME 16. BIRTHPLACE (city (State or cour	or town) New (ne O'Nea Castle C Delawar	ounty	23. if death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19		
17. i		cah H. Matt	thews omoke Ci	tv.Nd.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.		
18. E	BURIAL, CREMATION,			4th.,1932	Menner of Injury			
19. L	ONDERTAKER LEA		Steven y laryl	nan.	24. Wes disease or injury in eny releted to occupetion of deceesed?			
20. F	ILED MANY	, 19 Dam	mel D	Coll Registrar.	(Signed) POSONOKO City, Ma.	M. D.		

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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19	xample I	Li	Example II		
The principal cause of dea of importance were as followarterioselerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	APR A WA	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	3LT 1802	July 5,1927	Peritonitis	3 days ago	
	BURRAU V.	C			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		Moy 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

NG (N)	S IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-
FOR BINDING	RMANENT	XACTLY	classified.
FOR B	IS A PE	stated E	properly
_	S	d)	41

1. PLACE OF DEATH	CERTIFICATE OF DEATH 07986
County Mendel	Registration Dist. No. 263
Village or City Of At Vision	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred Lefts.	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of aura mu	way.
(a) Residence: No. Mit barren (a)	more Ward. Proce Rent FIE)
(Usual place of abodé) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Stafe MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
OR DIYORCED (write the wor	109 193 Z
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of On All Con WIFE of All Con Wife Of All Con Wife Of All Con Wife On	22. I HEREBY CENTIFY, That I attended deceased from
- tun 10/	10, 23 ,1932, 10 ,1982
DATE OF BIRTH (month, day, and year)	I last saw h. Q. L. alive on
AGE Years Months Days If LESS th	
9 Trade explanation or particular	were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	d Nichesee
S. Industry or business in which work was done, as SILK MILL, S. Mills of the work was done, as SILK MILL, SAW MILL, BANK, etc.	of January 12
SAW MILL, BANK, etc.	P
10. Date deceased lest worked et this occupation (month and year)	
metala me	Other Contributory Causes of importance:
(State or country)	K
13. NAME Olive Bailey	
	Name of operation Replaceline Date of Jan. To
(State or country)	What test confirmed diagnosis? Dather was there of europsy? Les
15. MAIDEN NAME Elen March	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME (Olen March) 16. BIRTHPLACE (city or town) Mat. Wetnesday (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Mrs. Walphashell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cfreeces Cfree	
18. BURIAL, CREMATION, OR REMOVAL Place Mount Oversion Date July 11, 19:	Manner of Injury
	racure of injury
19. UNDERTAKER Dale Dashell () (Address) Personal Ame Mar Ant I	24. Was disease or injury In any wey related to occupation of decessed?
(Address) Paniera Home May Route +	1 (Signed) Light Miles M. D.
20. FILED Souly 1. 1932 Supplies of Menge of The Registre	120
If more blanks are needed, address State Rev	0,1,000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11.00	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

should state

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(121)
County Wurle RAS	Registration Dist. No.
	No. St., - \ f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrs mos
2. FULL NAME Aromas Park	W. W.
(a) Residence; No.	St., Ward. If nonresident give city or town and State
(Usus I place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	JUL / 7 1432 193
5a. If married, widowed, or divorced	(Month) (Day) (Yaal
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That attended deceased
1	July / 1937, 10 Janey 27, 192
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on July 13 7 1, 193 ; death is
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at m.
9 Jay, nrs.	The PRINCIPAL CAUSE OF DEATH and elated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	RAPILES CAPILAS
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	
this occupation (month and spent in this occupation occupation	
WENONA MD	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (Stata or country)	y en rugaring servings
13. NAME Thomas Darker	a homeline
T /	Name of operation A should start Date of way
14. BIRTHPLACE (city or town) WENONA MD. (State or country)	Name of operation
Classical Control of the Control of	23. If death was due to external causes (VIOL ENCE) fill in also the following:
I UUUUU	Accident, suicide, or homicide?
16. BIRTHPLACE (city er town) (State or country)	Where did Injury occur?
The state of the s	(Specify city or town, county and State)
17. INFORMANT	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATON, OR REMOVAL	Manage of below
Place Deals belowate but 78,19.32	Manner of injury
P1 \ h.]	Water of mjury
19. UNDERTAKER STUDIES GARAGE	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20, FILED July 2819 3 2 Java Welster	(Signed)
A Registrar.	(Address) (J. A. O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

- Example I			Example II		
The principal cause of de of importance were as for Arteriosclerosis	eath and related causes llows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MUG 4 13.12	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S	- 1			
Other contributory cause	s of importance:		Other contributory causes of importance:	4	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH 07988
1. PLACE OF DEATH County Commond	Registration Dist. No. \rightarrow 60
Village or City East P Quan	
Village or City CVH V 7 Clinical	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (Usual place of abode)	Rolle St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work Sa. If marriad, widowed, or divorced) 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work Or Divorced)	D. 21. DATE OF DEATH
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 19
6. DATE OF BIRTH (month, day, and year) QAP. 28-37	I last saw h alive on
7. AGE Years Months Days If LESS th	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BO OKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decesed last worked at this occupation (month and spend in this company).	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Clintra Infaulum
10. Date deceesed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Howson King	
13. NAME Howard Along 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was that an autopsy?
15. MAIDEN NAME ENGLAN - POR 10	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Evelque Coest 16. BIRTHPLACE (city ar town) (State or country)	Accidant, sulelde, or homicide? Date of Injury, 19
17. INFORMANT Joeln Cum in	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Of Corcels Date July 26-, 19.	Manner of injury
19. UNDERTAKER Mus James (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7/QV 193 or 9. June Registra	(Signed) Address Orman from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Data of onset	
Arteriosclerosis	NIC R 1500	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Larrage VII	July 5,1927	Peritonitis	3 days ago
	1	1		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N-B

σž

	ACE OF DEA	IH	A		
County.	Vone	rsel			
Village or	City Cus	hilo	(No	R.7	7,
	2FULL NAME	Em	ma p	7. Po	u
PER	SONAL AND	STATISTIC	CAL PARTICU	JLARS	
3 SEX	4 COLOR	OR RACE	B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	ingle	16
6 DATE OF	BIRTH	3	5	, 1874	13
7 AGE		(Month)	(Day)	(Year)	th
/ AGE	58 yrs	. <u>4</u> m	os. O da	If LESS than I day hrs. or min.?	Th
particular	kind of work	*4	hous	work	-
business,	al nature of ind or establishment ployed or (employed	t in	at H	one	****
9 BIRTHPLA (State of	ACE or country)		mo	L	
10 NAM		Man	F. Pa	1500	(Si
OF F	HPLACE ATHER ite or country	0.000	n	nd	1
OF M	DEN NAME NOTHER	ma	my Ru	ggin	18
OF M	OTHER ite or Country)		9	nd	At of WI
(Inform	nant) W	lilium	Pry	FOGE	For usu
(A	Address)	Hali	nooel	va	(
Filed.	mly7 19	32 C	. E. Co	lling Registrar	20
-	If more b	nanks are n	eeded, address 5	tate Registrar	, 16

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.270

0.	441 11
St.:	Wardi
	AA CONTRACT

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME II stead of street and number.)

18 DATE OF DEATH 7 5 . 19\$32
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Jely 2 1932. to July 5 , 192 2
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Supplaces fevere
1
(Durstion) yrs. mos. / 4 ds.
Contributory
Secondary
(Duration) yrs
(Signed) Seesel De Say tow M. D.
June 10 1922 (Address) Chario for O'd Viel
*State the Dissaae Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the
of deathyrsmosds. Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Jeholah Joples July 1, 1932
20 UNDERTAKER
John () Sodebare Cristield ma
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
V

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E.haustion," "Heart laulue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Ilraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	0810
PLACE OF DEATH	STATE OF MARYLAND
County Somerset	CERTIFICATE OF DEATH
Country January Control of the Contr	CENTIFICATE OF DEATH
6. / · NY N	Registration Dist. No.
Village or City Wester No. 17	H (If death assumed to
Village of City	St: Ward) (If death occurred in a hospital or institu
	tion, give its NAME in
² FULL NAME	Ill stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, WIDOWED.	Tele 31. 192 2
GR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
V. 1. 2. 4.	7 rely 30 1922 to 7 del 30 ,1923
100,15.	7
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE [If LESS than	The same of the sa
l dayhrs.	
yrsmoads. ormin.?	D
8 OCCUPATION (a) Trade, profession or	Sulliaru
particular kind of work	
(b) General nature of industry	**************************************
business, or establishment in which employed or (employer)	Durstion)ds,
	Contributory
9 SIRTHPLACE (State or country)	Secondary
Trispeted MA	(Dyretion) yis ma de.
10 NAME OF FATHER	(Signed) Allen & Achivalla M. D.
11 BIRTHPLACE	1 30 192 2 (Address) LOA . 1
	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	
a Joes of again	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or
(Informant) Too M. Nesey	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addreas)	Coresceld July 1950
15 . Aug 3 . 32 / 5 /00 00' =	20 UNDERTAKER ADDRESS
Filed My 5 1923 1 106 Collins	
	TOW Server Co. Pelas Descrit W.C. A. 3
If more blanks are needed, address Ltate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, reer, Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the and consequences (e. g., sepsis,

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mation

1. PLACE OF DEATH	216-m
County Jomesset	Registration Dist. No. 270
Village or City Cusfield	Millerdy Mem. Hosfilat St. 2 Ward
Length of residence in city or town where deeth occurred 5 yrs 8 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Busten Tyler	
(a) Residence: No. Hudson (Usual place of abode)	St., Z Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chome	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year) 2 5 Mov. 1936	I last saw have alive on the last said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 23/08: m.
8 0 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of officer
SAWYER, BOOKKEEPER, etc	tractice of Street July 15
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et this occupation (month end	I'll by alm autour Toda July 25
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stete or country)	
13. NAME Hashington Tylin 14. BIRTHPLACE (city or town) Cufld (State or country)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diegnosis? Wes there en eutopsy? 47
15. MAIDEN NAME (Ignes fustion) 16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did injury occur Cristell Somered Co. und
17. INFORMANT MW H. Tyler (Address) Child	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury fit by an andon stile
Place asbury Conv. Date July 28,19 32	Neture of Injury Fractioner J. Stevel
19. UNDERTAKER John a Bradston	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Cirfild and	If so, specify
20. FILED July 27, 1932 68 Celler	(Signed) M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5,1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
2		
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Ä

STATE OF MARYLAND—CERTIFICATE OF DEAT	
	4 2 2
STATE OF MARY AND—CERTIFICATE OF DEA	н

67991

1. PLACE OF DEATH	
County Sourcest	Registration Dist. No. 26
Village or City Oriole Mid	No. St. Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrs mos ds.
2. FULL NAME Maurie Tyle	O:lw
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SPK 4. COLOR OR RACE OR DIVORCED (write the word) Vilour	21. DATE OF DEATH July 28 (Year)
5. If married, widowed, or divorced HUSBAND of	1137
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased, from
1. 20de 186 x	1932 to July 28 = 1932
7. AGE Years Months Days If LESS than	I last saw h alive on last said
C 1 day bre	to have occurred on the date stated above, at
68 fr. // ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	0.1.1.27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at July this occuration (month and surface) 11. Total time (years)	Cerebral Demorrhage
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at his occupation (month and year) 11. Total time (years) spent in this occupation	
St D in and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Comme papareles or
13. NAME Daviel Show,	(Dugit week)
14. BIRTHPLACE (city or town) Sulfa Sale (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
T Total	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Philipped (State or country)	Accident, suicide, or homicide?
21 062	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CHOSE CONFOUNTS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managed I I
Place Oriole Med Date Just 29 1982	Manner of Injury
Frank (M)	Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
(Autos) Condition of the second	If so, specify
20. FIXED 27 , 1982 10 2 D. James 1	(Signed) Orcale M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation:

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2 2 2 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	VAL SPACE FOR	FURTHER STATEME	NTS BY PHYSICIAN
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(Address) marsh mo If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GGAIGOGN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATION

FATHER

MOTHER

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07993
1. PLACE OF DEATH /	(21)
Village or City Cressield	Registration Dist. No. 21) D
// 7//	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Milleaux J. Ma	not.
(a) Residence: No. Cristical P. Fr. X (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIFFORCED write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Alice Horner	22. I HEREBY CERTIFY. That I attended deceased from Oct. 31, 193/, to June 15, 1932
6. OATE OF BIRTH (month, day, and year) not Milouen	I lest saw h alive on Jude 5 30 , 19 3 2; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF OEATH end related causes of importance
ormin.	ware as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Lea Hoord SAWYER, BOOKKEPER, etc.	auritular Abrilation Cet. 1931
kind of work done, as SPINNER, Lea Hood SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Dealer & Colons SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and enant in this enant in this enant in this	arterio clarada
10. Oats deceased lest worked at this occupation (month and year) spent in this occupation.	Hyperkension Llinue Reptichs
12. BIRTHPLACE (city or town) - And t	Other Contributory Causes of importance:
13. NAME ARusser Ward.	
13. NAME Sticker Ward 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Live Was there an autopsy? Lo
15. MAIDEN NAME Milcher aung Mat Brown	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?Oate of injury, 19
17. INFORMANT Mrs. Murray Ward	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REPORVAL

19. UNOERTAKER (Address) 20. FILEO July 17 , 19.32 Manner of injury

Neture of injury_____ 24. Was disease or injury in eny way related to occupation of deceased? if so, specify

(Address) Cree

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOME AT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07994
1. PLACE OF DEATH	Destitution Diet No. 7 / 2
County Domest	Registration Dist. No. 262
Village or City Near Greemone	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
6. DATE OF BIRTH (month, dey, end yeer) www 26, 1932	I last sew h elive on, 19; death is seld
7. AGE Yeers Month Days If LESS then	to have occurred on the dete stated above, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es tollows
8 Trade profession or particular	Weak from birth
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc	J
work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupetion (month end year) occupation	
ml	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME James Ward	
13. NAME Washes Wash 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Dadie Depolitield 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
[O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT James Ward.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plece Al James Cembete July 4., 19.3.2	Manner of injury
19. UNDERTAKER James Stard 1 P. 7.1	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 4, 19 Dannel Scall-	(Signed) Damuel Deally regularies (Address) Paramorel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	EIVED		Example II	
The principal cause of death and rel of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	ATT VA	1921	Run over by street car	1 week ago
Cerebral hemorrhage	400	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importa	ance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17995
1. PLACE OF DEATH	<u> </u>
County Somerset	Registration Dist. No. 260
Village or City Trin eess Anne	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Tramie Agnes Whi	ta
(a) Residence: No. Primes & April	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (while the word) Single	21. DATE OF DEATH - uly 17 ,1932 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Toly 17 32	1 1982, to 10, 19 B2
7. AGE Years Months Jays If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
9 Tends arefereing or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	
S Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Ct.,,
	otill born infant
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) 14 ary 1 a 4 & (Stata or country)	Other Contributory Causes of importance:
13. NAME Samuel Write	
13. NAME Samuel WRIE 14. BIRTHPLACE (city or town) North Garoline (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calharine Linnis 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) - 10 4 1 aud	Accident, suicide, or homicide? Data of Injury, 19
∑ (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Galharine Lennis (Address) Fringess Amms	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Plans usty Oate 7 = 17 ,1937	Natura of injury
19. UNDERTAKER William Junes (Address) 37 Prest at Rome Hell	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 17, 132 T. J. Smith Registrar.	(Signed) Clam de Jarldom aun. D. (Address) Prise ces a asses Md.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related eauses is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1400	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THE THE STATE OF STAT	July 5, 1927	Peritonitis	3 days ago
	BULLE	1		
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

			OF MAR	YLAND-	CERTIFICATE	OF DEATH	17996
1		OF DEATH			49		11
	County	Somerset				Registration Dist. No.	6/
	Village or	City Man	on		No.	St.,	Ward
	Length of re	esidence in city or town where	e death occurred			stitution, give its NAME instead of street of foreign birth?yrs	
2	2. FULL N	AME adele	a C. S	4 hillin	aton		
	(a) Reside		mario		St. Ward.	,1	
-			(Usual place			If nonresident give city or town	the second secon
		NAL AND STATIS				CERTIFICATE OF DEAT	H
3, 3	SEX 7	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEAT	(Month) (Day)	, 193. 2. (Year)
5a.	If married, wid- HUSBAND of (or) WIFE of	owed, or divorced m. I	o Ather	Finaton		BY CERTIFY. That I atten	
	DATE OF BIRTI	6	011911	18/10	I last saw h 20 alive on	1931, to July 3.	195 2 doath is sale
		eers Months	Days	If LESS than	to have occurred on the dete s	1.11.1	, uvatii is saiu
	82	9	9	1 day,hrs.		EATH and related causes of importance	
NO	8. Trede, pro	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Houser	,	acul.	Del of Heart.	Date of onset
PATION	9. Industry o	r business in which	Ot La.		anna	·	
CCUF		r business in which was done, as SILK MILL, IILL, BANK, etc	WI	me		• • • • • • • • • • • • • • • • • • •	
00	this oc	ased last worked at cupation (month and	spa	time (years) ent in this — supation			
		2	1		Dther Coutributory Causes of i	- G .	
12.	(State or co	city of towny	an an	11	no Claim	a grafina	
ER	13. NAME	Souther	y 7 mi	les In	1.000		
FATH	14. BIRTHPLA	CE (city or town) So	nevolt	Sacreto	Name of operation 222	Date :	of
-		or country)	,	and,	What test confirmed diagnosis	? Was there	an eutopsy?
HER	15. MAIDEN N	IAME Chest	ina 14	ooch	23. If death was due to external	I ceuses (VIOLENCE) fill in also the follo	wing:
MOT			neiset	E	Accident, suicide, or homicide	? Dete of Injury	, 19
2	(State	or country)	P. 7	1 0	Where did injury occur?	(Specify city or town, county and	State)
17.	7. INFORMANT Am. 1. It hilling for Jr (Address) Drawn my				Specify whether injury occurre	ed in INDÚSTRÝ, in HOME, or In PÚBLIC	PLACE.
18.	BURIAL, CREM	ATION OR REMOVAL	1	0	Manner of injury	***************************************	
	Place It. Julis Com. Date Guly 3, 1932				Nature of Injury		
19.	UNDERTAKER .	John 43	rodst	and of	24. Was disease or Injury In an	ny way related to occupation of deceased	?
20.	FILED7	15 ,137 au	Welin 17	Fareson Registrar	(Signed) Jesses	g Centhersen,	М. D
-	/	76	e blanks are meeded		" (Address)	A STATE OF THE STA	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroent ritis	1 year
	4.40	
	1915 1921 July 8,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
FUREAU V 8	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
	May 1,1923		

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	CERTIFICATE OF DEATH 17998
1. PLACE OF DEATH County Somersel	Registration Dist. No. 270
	No. R.) J. ## 1 St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME (a) Residence: No. R2 D # (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIOOWED, OR DIVORCED (write Nie word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than 1 day,	I last saw h; death is said to have occurred on the date stated above, atm
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et 11. Total time (years)	were es follows: Date of onset
this occupetion (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Rec Calla	
14. BIRTHPLACE (city or town) / to percell (Stete or country)	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Sealer of Wilson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL Place Oate , 19	Manner of injury
19. UNOERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO July 23, 19 3 2 6 0 0 0 0 Registrar. If more blanks are needed address State Registrar.	(Signed) M. I (Address) M. I

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